

SERFF Tracking Number: ANTD-126307370 State: Arkansas  
Filing Company: Unicare Life & Health Insurance Company State Tracking Number: 45130  
Company Tracking Number: 10-0004  
TOI: H16G Group Health - Major Medical Sub-TOI: H16G.001C Any Size Group - Other  
Product Name: AR Compliance Amendment  
Project Name/Number: AR Compliance Amendment/10-0004

## Filing at a Glance

Company: Unicare Life & Health Insurance Company

Product Name: AR Compliance Amendment SERFF Tr Num: ANTD-126307370 State: Arkansas  
TOI: H16G Group Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 45130  
Closed

Sub-TOI: H16G.001C Any Size Group - Other Co Tr Num: 10-0004 State Status: Approved-Closed  
Filing Type: Form Reviewer(s): Rosalind Minor  
Disposition Date: 03/10/2010  
Author: Judith Mehm Disposition Status: Approved-Closed  
Date Submitted: 03/09/2010 Implementation Date:  
Implementation Date Requested: On Approval

State Filing Description:

## General Information

Project Name: AR Compliance Amendment  
Project Number: 10-0004  
Requested Filing Mode: Review & Approval

Explanation for Combination/Other:  
Submission Type: New Submission  
Overall Rate Impact:  
Filing Status Changed: 03/10/2010

Deemer Date:  
Submitted By: Judith Mehm  
Filing Description:

Form No.: ARSGCOMP0310, Certificate of Coverage Amendment  
Compliance Filing: HB2244, Orthotic and Prosthetic Devices and Services  
HB1930 and BN-7A-2009, Hearing Aids

Status of Filing in Domicile: Not Filed  
Date Approved in Domicile:  
Domicile Status Comments: This filing is not applicable in IN, our state of domicile.  
Market Type: Group  
Group Market Size: Small and Large  
Group Market Type: Employer  
Explanation for Other Group Market Type:  
State Status Changed: 03/10/2010  
Created By: Judith Mehm  
Corresponding Filing Tracking Number:

Dear Reviewer:

The enclosed form is submitted for approval on a general use basis to be used with previously approved Certificate form ARSGDED0304. We reserve the right to change fonts and layouts of this form and certify the font will never be printed in

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less than 10 point type.

The Certificate of Coverage Amendment will be issued with renewal business as well as added to our pre-printed shelf stock of certificate booklets for new business.

This form has been drafted to amend our previously approved group certificates to comply with several pieces of new legislation as referenced above.

## Company and Contact

### Filing Contact Information

Judith Mehm, Sr. Contract Compliance Advisor judith.mehm@wellpoint.com  
233 South Wacker Drive 312-234-7146 [Phone]  
Chicago, IL 60606 312-234-7502 [FAX]

### Filing Company Information

Unicare Life & Health Insurance Company CoCode: 80314 State of Domicile: Indiana  
233 S. Wacker Dr., Suite 3900 Group Code: Company Type: Life & Health Insurance  
Chicago, IL 60606 Group Name: State ID Number:  
(312) 234-7893 ext. [Phone] FEIN Number: 52-0913817

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? Yes  
Fee Explanation: 1 form x \$50  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Unicare Life & Health Insurance Company	\$0.00	03/09/2010	

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
61506758	\$50.00	03/05/2010

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	03/10/2010	03/10/2010

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## Disposition

Disposition Date: 03/10/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Certificate of Coverage Amendment	Approved-Closed	Yes

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## Form Schedule

**Lead Form Number: ARSGCOMP0310**

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 03/10/2010	ARSGCOM P0310	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Certificate of Coverage Amendment	Initial		49.300	ARSGCOMP 0310.pdf

# CERTIFICATE OF COVERAGE AMENDMENT

Issued by  
**UNICARE LIFE & HEALTH INSURANCE COMPANY**

UniCare Life & Health Insurance Company is hereby changing your Certificate of Coverage by this Amendment. The following provisions of your Certificate of Coverage are amended as indicated below.

***Effective for new and renewing groups on or after January 1, 2010, the Certificate of Coverage is amended as follows:***

## Section I. Introduction

The Speech and Hearing listing in the table in the Benefit Overview provision of this section is changed as follows:

<b>Speech and Hearing</b>	Maximum benefit of \$1400 per ear every 3 years, not subject to Deductible
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## Section III. Definitions

The following definition is added to this section.

**Hearing aid** – means an instrument or device, including repair and replacement parts, that:

- a. is designed and offered for the purpose of aiding persons with or compensating for impaired hearing;
- b. is worn in or on the body; and
- c. is generally not useful to a person in the absence of a hearing impairment.

## Section V. Comprehensive Benefits: What the Plan Pays For

The **Speech and Hearing Care** provision of this section is modified by adding:

Hearing aids must be dispensed by an individual properly licensed by the State of Arkansas.

***Effective for new and renewing groups on or after August 1, 2009, the Certificate of Coverage is amended as follows:***

## Section V. Comprehensive Benefits: What the Plan Pays For

The following new provision is added to this section.

### **Orthotic and Prosthetic Devices and Services**

UniCare will pay Covered Expenses for Orthotic and Prosthetic Devices and Services as described in this provision.

Orthotic and Prosthetic Devices and Services must be prescribed by a licensed doctor of medicine, doctor of osteopathy, or doctor of podiatric medicine and provided by a doctor of medicine, a doctor of osteopathy, a doctor of podiatric medicine, an orthotist, or a prosthetist licensed by the State of Arkansas.

Covered Expenses for Orthotic or Prosthetic Devices and Services must be medically necessary and includes:

1. the information and recommendation from the treating Physician in consultation with the Insured Person; and
2. the results of a Functional Limit Test.

Covered Expenses for Orthotic and Prosthetic Devices and Services will be subject to the same benefit limits as Durable Medical Equipment, but will never be less than 80% of Medicare allowables as defined by the Center for Medicare Medicaid Services (CMS), Healthcare Common Procedure Coding System as of January 1, 2009, or as of a later date if adopted by rule of the Insurance Commissioner for an Orthotic or Prosthetic Device or Service.

## Definitions

The following terms as used in this provision have the following meaning.

**Orthotic Device** - means an external device that is:

- a. intended to restore physiological function or cosmesis to an Insured Person; and
- b. custom-designed, fabricated, assembled, fitted, or adjusted for the Insured Person using the device prior to or concurrent with the delivery of the device to the Insured Person.

Orthotic Device does not include a cane, a crutch, a corset, a dental appliance, an elastic hose, an elastic support, a fabric support, a generic arch support, a low-temperature plastic splint, a soft cervical collar, a truss, or other similar device that:

- a. is carried in stock and sold without therapeutic modification by a corset shop, department store, drug store, surgical supply facility, or similar retail entity; and
- b. has no significant impact on the neuromuscular, musculoskeletal, or neuromusculoskeletal functions of the body.

**Orthotic Service** - means the evaluation and treatment of a condition that requires the use of an Orthotic Device.

**Prosthetic Device** - means an external device that is:

- a. intended to replace an absent external body part for the purpose of restoring physiological function or cosmesis to an Insured Person; and
- b. custom-designed, fabricated, assembled, fitted, or adjusted for the Insured Person using the device prior to or concurrent with being delivered to the Insured Person.

Prosthetic Device does not include an artificial eye, an artificial ear, a dental appliance, a cosmetic device such as artificial eyelashes or wigs, a device used exclusively for athletic purposes, an artificial facial device, or other device that does not have a significant impact on the neuromuscular, musculoskeletal, or neuron-musculoskeletal functions of the body.

**Prosthetic Service** - means the evaluation and treatment of a condition that requires the use of a Prosthetic Device.

**Functional Limit Test** - includes without limitation the Insured Person's:

- a. medical history, including prior use of Orthotic Devices or Prosthetic Devices if applicable;
- b. current condition, including the status of the musculoskeletal system and the nature of other medical problems; and
- c. desire to:
  1. ambulate with respect to lower-limb Orthotic Devices or Prosthetic Devices; or
  2. maximize upper-limb function with respect to upper-limb Orthotic Devices or Prosthetic Devices.

## Replacement or Repair

A replacement for an Orthotic or Prosthetic Device that occurs more frequently than 1 time every 3 years, unless medically necessary, will not be covered.

When the replacement or repair is necessitated by anatomical change or normal use the necessary repair and necessary replacement of an Orthotic or Prosthetic Device will be covered, unless the repair or replacement is necessitated by misuse or loss.

## Section VI. Exclusions and Limitations: What the Plan Does Not Pay For


The exclusion listed for "**Orthopedic shoes**" is deleted in its entirety and replaced with:

**Orthopedic shoes** (except when joined to braces) or shoe inserts.

This Amendment is part of your UniCare Small Group Participating Provider Plan Certificate of Coverage. ***All provisions of the Certificate of Coverage which are not changed by this Amendment remain in effect.*** Please keep all of your documents together.

Signed for UNICARE by:

  
**PRESIDENT**

  
**SECRETARY**



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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Flesch Certification	Approved-Closed	03/10/2010
<b>Comments:</b>			
<b>Attachment:</b>			
Certification.pdf			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application	Approved-Closed	03/10/2010
<b>Bypass Reason:</b>	Not applicable to this filing.		
<b>Comments:</b>			



## **CERTIFICATION OF COMPLIANCE WITH READABILITY STANDARDS**

Unicare Life & Health Insurance Company hereby certifies that this filing complies with Arkansas Code Annotated §23-80-206. The Flesch reading ease test scores derived by analysis of the entire text of the following forms are:

<b><u>Form Number</u></b>	<b><u>Flesch Score</u></b>
ARSGCOMP0310	49.3 when integrated into certificate form

Exclusions from scoring are limited to:

- the name, number or title of the policy or certificate forms;
- the table of contents;
- captions, subcaptions and form numbers;
- specification pages;
- schedules and tables; and
- any specific language required by state statute.

These forms are printed, except for specification pages, schedules and tables, in not less than 10-point, 1-point leaded typeface.

  
Signature of Company Officer

Lawrence G. Schreiber  
Vice-President and General Manager

Date: February 26, 2010